MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) **CLAIMS** AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED IND. DEP. DEP. IND. IND. DEP. IND. DEP. IND. DEP. DEP. IND. TOTAL TOTAL TOTAL DEP. TOTAL DEP. TOTAL TOTAL CLAIMS 20.00

FILING DATE